	ARIZONA STATE BOARD OF HEALTH State File No. // //	
;	I. I LAGE OF DINIH	ITAL STATISTICS IFICATE OF BIBTH . Registered No.
{	County	lunari de Bierra
5	District or Township.	State C 70 CCC
	City Mami No 824	or fillage
	(If birth oce	Ward in a hospital or institution, give its NAME instead of street and number)
	2. Full name of child of orgalo Salva	{ If child is not yet named, make supplemental report, as directed.
	3 Sex of Child To be answered OND 4. Twin, triplet or other in event of plural births. 5. No., in order of birth.	6. Legitimate? 7. Date of birth Jan 10 1926
	8. FATHER	14. MOTHER
	Full name	Full maiden name
	9. Residence	15 Residence / ROUP.
th stated.	(Usual place of abode) If non-resident, give place and state.	(Usual place of about)
2 - C	10. Color or race	If non-resident, give place and state.
pr.	3	16 Color or race
- ة	11. Age at land birthday(Years)	17. Age at last birthday (Years)
orde	12. Birthplace (city or place)	18. Birthplace (city or place)
` _	(State or country)	(State or country)
\parallel	13. Occupation	19. Occupation Housekeeps Tor
	Nature of Industry	Nature of Industry Wolfe
	20. Number of children of this mother. (a) Born alive and (Taken as of time of birth of child herein certified and including this child.) (c) Stillborn	d now living 511 21. Were precautions taken against oph- t now dead that the precautions taken against oph-
	I hereby certify that I attended the birth of this child, who was the distance of the distance	
((Bon alive or stillborn)	
$\ $	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn	Syms MANO
\parallel	child is one that neither breather nor shows other evidence of life after birth,	/ myscian
	Given name added from a supplemental report	Sox 338 Holes Ourson
	Month, day, year	12H 21 65 H
il i	Registrar Filed	Registrar

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